

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII STATE ETHICS COMMISSIO

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
Munson	Bever1y		(808) 546–1042	
MAILING ADDRESS (Street)			FAX	
P.O. Box 2200				
(City)	(State)	(Zip	Code)	
Honolulu	Hawaii	968	96841	
EMPLOYING ORGANIZATION (F	Fill in only if you are employed by a business er	ntity which has been retained to lobby)	TELEPHONE	
Hawaiian Telcom,	Inc.		(808) 546-1042	
MAILING ADDRESS (Street)			FAX	
P.O. Box 2200				
(City)	(State)	(Zip	Code)	
Honolulu	Hawaii	968	341	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LO	TELEPHONE	
Hawaiian Telcom Serv	(808) 546–1042	
MAILING ADDRESS (Street)		FAX
P.O. Box 2200		
(City)	(State)	(Zip Code)
Honolulu	u Hawaii 96841	
NAME OF PERSON RESPONSIBLE FO	R PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
JoAnn C. Yosemori		(808) 546-3868
MAILING ADDRESS (Street)		FAX
P.O. Box 2200		(808) 546-8500
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96841

PART	<u> III DESCRIPTION O</u>	F SUBJECTS UPON WHICH	YOU EXPEC	T TO LOBBY		
	Agriculture	Education	Human	Services	Science, Technology & Economic Development	
<u>X</u>	Communications & Public Utilities	X Government Operations & Finance		ernmental Relations, ional Affairs	Tourism & Recreation	
<u> </u>	Consumer Protection & Commerce	Hawaiian Affairs	X Labor &	Employment	Transportation	
	Culture, Arts, Historic Preservation	Health		g, Land & Water nagement	X Other: (indicate below) Telecommunications	
X	Ecology, Energy Environmental Protection	Housing	X Public S	Safety & Corrections		
						
PART	IV CERTIFICATION	OF LOBBYIST				
	hereby certify that the in	nformation furnished above is	s, to the best o	f my knowledge,	correct and complete.	
1	HIJ KARRE			1/31/		
		(Signature of Lobbyist)		(Date)		
		(Oignature of Lobbyist)			(Date)	
PAR1						
IPARI	V AUTHORIZATION	TO LOBBY				
NAME	V AUTHORIZATION	TO LOBBY	TITLE OF AUT	HORIZING OFFICE	R OR PERSON REPRESENTED	
NAME		TO LOBBY				
NAME	Michael S. Ruley	I TO LOBBY		HORIZING OFFICE		
NAME				ecutive Offic		
NAME	Michael S. Ruley OF ORGANIZATION (if appli	icable)		ecutive Offic	ELEPHONE	
NAME	Michael S. Ruley OF ORGANIZATION (if appli			ecutive Offic	er 	
NAME	Michael S. Ruley OF ORGANIZATION (if appli	icable)		ecutive Offic	ELEPHONE	
NAME	Michael S. Ruley OF ORGANIZATION (if appli Hawaiian Telcom Se	icable)		ecutive Offic	ELEPHONE (808) 546-7844	
NAME	Michael S. Ruley OF ORGANIZATION (if appli Hawaiian Telcom Se	icable)		ecutive Offic	ELEPHONE (808) 546-7844	
NAME	Michael S. Ruley OF ORGANIZATION (if appli Hawaiian Telcom Se NG ADDRESS (Street) P.O. Box 2200	icable) ervices Company, Inc.		ecutive Offic	ELEPHONE (808) 546-7844	
NAME	Michael S. Ruley OF ORGANIZATION (if appli Hawaiian Telcom Se	icable)		ecutive Offic	ELEPHONE (808) 546-7844	
NAME	Michael S. Ruley OF ORGANIZATION (if applied the second s	icable) ervices Company, Inc. (State)	Chief Exe	CZip Cod	ELEPHONE (808) 546-7844 AX	
NAME	Michael S. Ruley OF ORGANIZATION (if applied the second s	icable) ervices Company, Inc. (State) Hawaii	Chief Exe	CZip Cod	ELEPHONE (808) 546-7844 AX	
NAME	Michael S. Ruley OF ORGANIZATION (if applied the second s	icable) ervices Company, Inc. (State) Hawaii	Chief Exe	CZip Cod	ELEPHONE (808) 546-7844 AX	